

Plan Setup Information

For Connect Direct

REQUIRED CONTACT INFORMATION	
Company Name	
NAME	
PHONE #	
EMAIL ADDRESS	
FAX#	
CONTRACT NUMBER'S	
TRANSMITTER ID'S	
SECURITY	
USERID	
PASSWORD	
DIRECTORY PATH FOR	
MID-TIER SERVERS for Test	
and Production If Required PRODUCTION HIGH LEVEL	
QUALIFIER FOR	
MAINFRAME If Required	
TEST HIGH LEVEL	
QUALIFIER FOR	
MAINFRAME If Required	
REQUIRED INFORMATION: THE IP ADDRESS CANNOT BE	
A PRIVATE ADDRESS	
LOCAL NODE NAME	
ENVIRONMENT	
For TCP/IP Provide Address and Port	
TCP / IP ADDRESS	
PORT	
For SNA Provide Applid and Netid	
Applid	
Netid	
PLEASE COMPLETE AND EMAIL TO: MMAHELP@CMS.HHS.GOV	

The information found below can also be found by hovering the mouse over the red tabs found in the fields to the left

fields to the left.
REQUIRED CONTACT INFORMATION
ENTER COMPANY NAME HERE:
ENTER CONTACT USER(S) NAME HERE:
ENTER CONTACT PHONE NUMBER HERE
VALID EMAIL ADDRESS
ENTER FAX NUMBER HERE
VALID CMS CONTRACT NUMBERS; AKA 5 DIGIT 'H' OR 'S' NUMBERS
HIGH LEVEL QUALIFIER USED FOR OUTPUT FILE TO
SECURITY
ENTER VALID USERID IF REQUIRED TO SEND TO YOUR SITE
ENTER VALID PASSWORD IF REQUIRED WHEN SENDING RETURN FILE
FOR MID-TIER SERVERS DIRECTORY PATH WITH 30 CHARACTER MAX (For NON MVS Systems) Specify Test and Production / If Required
Production HIGH LEVEL QUALIFIER FOR MAINFRAME OUTPUT FILE(S) FROM CMS (MAXIMUM 8 CHARACTERS)
Test HIGH LEVEL QUALIFIER FOR MAINFRAME OUTPUT FILE(S) FROM CMS (MAXIMUM 8 CHARACTERS)
REQUIRED INFORMATION:
PROVIDE PLAN CONNECT:DIRECT LOCAL NODE NAME
PROVIDE OPERATING SYSTEM ENVIRONMENT
PROVIDE PLAN TCP/IP ADDRESS
PROVIDE VALID PORT
PROVIDE CONNECT:DIRECT APPLID
PROVIDE NETID

Revised 9/20/2006